



Michael Summerlin  
<mds@geminigeo.com>  
09/29/2005 10:16 AM

To GeneralPermits NPDES/R1/USEPA/US@EPA  
cc rich@impactenvironmental.com, Brian Caisse  
<bcaisse@atlanticpapermills.com>  
bcc  
Subject NPDES RPG NOI for Atlantic Paper Mills of NH, Winchester,  
NH

September 29, 2005

US EPA  
RGP-NOC Processing  
Municipal Assistance Unit (CMU)  
1 Congress Street, Suite 1100  
Boston, MA 02114-2023

RE: Remediation System Discharge at Atlantic Paper Mills of NH facility, Winchester, NH  
Notice of Intent to obtain coverage under the Remediation General Permit

To Whom It may Concern,

The attached Notice of Intent is submitted on behalf of Atlantic Paper Mills of NH, LLC to fulfill the requirements applicable to an existing discharge operating under a temporary permit exclusion letter, per the September 9, 2005 notice in the Federal Register. If there are any questions or additional information is required, please do not hesitate to contact me. Thank you.

Sincerely,

Michael D. Summerlin, Jr., P.E.  
Gemini Geotechnical Associates, Inc.  
135 Lafayette Road, Suite 11  
North Hampton, NH 03862  
(603) 964-3788, ext. 308



fax (603) 964-3792 Atlantic Paper Mills RGP NOI submittal.pdf

## B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of facility/site: <b>Atlantic Paper Mills of NH</b>		Facility/site address:	
Location of facility/site: longitude: <u>42°47'25.2"N</u> latitude: <u>072°27'29.6"W</u>	Facility SIC code(s): <b>2621 Paper Mills</b>	Street: <b>116 Lost Road</b>	
b) Name of facility/site owner: <b>Atlantic Paper Mills of NH, LLC</b>		Town: <b>Winchester</b>	
Email address of owner:	State: <b>NH</b>	Zip: <b>03470</b>	County: <b>Cheshire</b>
Telephone no. of facility/site owner: <b>(631)232-2626</b>			
Fax no. of facility/site owner: <b>(631)232-3535</b>		Owner is (check one): 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/>	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street: <b>325 Kennedy Drive, PO Box 12296</b>			
Town: <b>Hauppauge</b>	State: <b>NY</b>	Zip: <b>11788</b>	County:
c) Legal name of operator: <b>Atlantic Paper Mills of NH, LLC</b>	Operator telephone no: <b>(603)336-8600</b>		
	Operator fax no.: <b>(603)336-8602</b>	Operator email: <b>bcaisse@atlanticpapermills.com</b>	
Operator contact name and title: <b>Brian Caisse, Mill Manager</b>			
Address of operator (if different from owner):		Street: <b>PO Box 126</b>	
Town: <b>Ashuelot</b>	State: <b>NH</b>	Zip: <b>03441</b>	County: <b>Cheshire</b>
d) Check "yes" or "no" for the following:			
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> if "yes," number: <b>NH03I-007</b>			
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if "yes," date and tracking #:			
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA: 198406007-LUST</p> <p>2. permit or license # assigned: GWP-198406007-W-001</p> <p>3. state agency contact information: name, location, and telephone number:</p> <p>Mr. Slava Karnauk, P.G., NH DES, WMD, ORCB, PO Box 95, Concord, NH, 03302 (603)271-7374</p>	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if Y, number: NHR05A742</p> <p>2. phase I or II construction storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if Y, number:</p> <p>3. individual NPDES permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if Y, number: NH0001180</p> <p>4. any other water quality related permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if Y, number:</p>
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**2. Discharge information.** Please provide information about the discharge, (attaching additional sheets as needed) including:

<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage: Groundwater and oil recovery from a 6" diameter well. Oil is pumped to a holding tank. Groundwater is pumped to a pair of settling tanks plumbed in parallel, then flows by gravity to an oil/water separator, then by gravity to a holding tank; water is pumped from holding tank through 25 micron and 5 micron bag filters plumbed in series, through two granular activated carbon units (55 gal. drum style) plumbed in series, through a flow totalizer/velocity meter, and to a storm drain that discharges to the Ashuelot River.</p>			
<p>b) Provide the following information about each discharge:</p>	<table border="1"> <tr> <td style="vertical-align: top;"> <p>1) Number of discharge points:</p> <p><b>one</b></p> </td> <td style="vertical-align: top;"> <p>2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft<sup>3</sup>/s)? Max. flow <u>10 gpm, 0.0223cfs</u></p> <p>Average flow <u>70 gal. per day</u> Is maximum flow a <b>design value</b>? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p> </td> </tr> </table>	<p>1) Number of discharge points:</p> <p><b>one</b></p>	<p>2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft<sup>3</sup>/s)? Max. flow <u>10 gpm, 0.0223cfs</u></p> <p>Average flow <u>70 gal. per day</u> Is maximum flow a <b>design value</b>? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>1) Number of discharge points:</p> <p><b>one</b></p>	<p>2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft<sup>3</sup>/s)? Max. flow <u>10 gpm, 0.0223cfs</u></p> <p>Average flow <u>70 gal. per day</u> Is maximum flow a <b>design value</b>? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>		
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1:long. <u>42°47'25.2"N</u> lat. <u>072°27'29.6"W</u>; pt.2: long. _____ lat. _____; pt.3: long. _____ lat. _____; pt.4:long. _____ lat. _____; pt.5: long. _____ lat. _____; pt.6:long. _____ lat. _____; pt.7: long. _____ lat. _____; pt.8:long. _____ lat. _____; etc.</p>			
<p>4) If hydrostatic testing, total volume of the discharge (gals):</p>	<p>5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal <input type="checkbox"/> ?</p> <p>Is discharge ongoing Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> ?</p>		
<p>c) Expected dates of discharge (mm/dd/yy): start <u>05/07/03</u> end <u>unknown</u></p>			
<p>d) Please attach a line drawing or flow schematic showing water flow through the facility including:</p> <p>1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).</p>			

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only <input type="checkbox"/>	VOC Only <input type="checkbox"/>	Primarily Metals <input type="checkbox"/>	Urban Fill Sites <input type="checkbox"/>	Contaminated Sump <input type="checkbox"/>	Mixed Contaminants <input type="checkbox"/>	Aquifer Testing <input type="checkbox"/>
Fuel Oils (and Other Oils) only <input checked="" type="checkbox"/>	VOC with Other Contaminants <input type="checkbox"/>	Petroleum with Other Contaminants <input type="checkbox"/>	Listed Contaminated Sites <input type="checkbox"/>	Contaminated Dredge Condensates <input type="checkbox"/>	Hydrostatic Testing of Pipelines/Tanks <input type="checkbox"/>	Well Development or Rehabilitation <input type="checkbox"/>

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
2. Total Residual Chlorine	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
3. Total Petroleum Hydrocarbons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	grab	8015 B	100 ug/l	3,200	2.7x10 <sup>-3</sup>	1,578	3.9x10 <sup>-4</sup>
4. Cyanide	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
5. Benzene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
6. Toluene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
7. Ethylbenzene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
9. Total BTEX <sup>4</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

<sup>4</sup>BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide <sup>5</sup> (1,2- Dibromo-methane)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
11. Methyl-tert-Butyl Ether (MtBE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	grab	8260B	2.0	9.0	3.6x10-6	3.44	8.4x10-7
12. tert-Butyl Alcohol (TBA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
13. tert-Amyl Methyl Ether (TAME)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
14. Naphthalene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	8260B	5.0	32.8	5.1x10-5	1.73	7.4x10-7
15. Carbon Tetra-chloride	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
16. 1,4 Dichlorobenzene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
17. 1,2 Dichlorobenzene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
18. 1,3 Dichlorobenzene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
19. 1,1 Dichloroethane	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
20. 1,2 Dichloroethane	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
21. 1,1 Dichloroethylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
22. cis-1,2 Dichloro-ethylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
23. Dichloromethane (Methylene Chloride)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
24. Tetrachloroethylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

<sup>5</sup>EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
26. 1,1,2 Trichloroethane	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
27. Trichloroethylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
28. Vinyl Chloride	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
29. Acetone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	grab	8260B	10	14	3x10 <sup>-6</sup>	2.25	5.5x10 <sup>-7</sup>
30. 1,4 Dioxane	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
31. Total Phenols	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
32. Pentachlorophenol	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
33. Total Phthalates <sup>6</sup> (Phthalate esthers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	<input type="checkbox"/>	<input type="checkbox"/>								
a. Benzo(a) Anthracene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	625/8270C	10 ug/l	0.18	2.8x10 <sup>-7</sup>	0.01	4.1x10 <sup>-9</sup>
b. Benzo(a) Pyrene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
c. Benzo(b)Fluoranthene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
d. Benzo(k) Fluoranthene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
e. Chrysene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							

<sup>6</sup>The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
g. Indeno(1,2,3-cd) Pyrene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	<input type="checkbox"/>	<input type="checkbox"/>								
h. Acenaphthene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	625/8270C	10 ug/l	2.44	3.8x10-6	0.13	5.5x10-8
i. Acenaphthylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
j. Anthracene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
k. Benzo(ghi) Perylene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
l. Fluoranthene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
m. Fluorene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	625/8270C	10 ug/l	6.49	1x10-5	0.34	1.5x10-7
n. Naphthalene-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	625/8270C	10 ug/l	27.7	4.3x10-5	1.46	6.3x10-7
o. Phenanthrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	grab	625/8270C	10 ug/l	5.13	8x10-6	0.27	1.2x10-7
p. Pyrene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19							
37. Total Polychlorinated Biphenyls (PCBs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
38. Antimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
39. Arsenic	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
40. Cadmium	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
41. Chromium III	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
42. Chromium VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
44. Lead	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
45. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
46. Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
49. Zinc	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
50. Iron	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Other (describe): CARBON DISULFIDE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	grab	8260B	10 ug/l	200	8x10-5	22.11	5.4x10-6

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a <b>reasonable potential</b> to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have <b>reasonable potential</b> to exceed the <b>Appendix III</b> limits, calculate the <b>dilution factor (DF)</b> using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: _____ DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV</b>. Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y <input type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals:</p>



**4. Treatment system information.** Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system: See Section 2. a) of this NOI form for a description.												
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	<input type="checkbox"/>	Air stripper	<input type="checkbox"/>	Oil/water separator	<input checked="" type="checkbox"/>	Equalization tanks	<input checked="" type="checkbox"/>	Bag filter	<input checked="" type="checkbox"/>	GAC filter	<input checked="" type="checkbox"/>
	Chlorination	<input type="checkbox"/>	Dechlorination	<input type="checkbox"/>	Other (please describe):							
c) Proposed <b>average</b> and <b>maximum flow rates</b> (gallons per minute) for the discharge and the <b>design flow rate(s)</b> (gallons per minute) of the treatment system: Average flow rate of discharge <u>9 gpm</u> Maximum flow rate of treatment system <u>&gt;10 gpm</u> Design flow rate of treatment system <u>10 gpm</u>												
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): <b>none</b>												

**5. Receiving surface water(s).** Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct	<input type="checkbox"/>	Within facility	<input type="checkbox"/>	Storm drain	<input checked="" type="checkbox"/>	River/brook	<input type="checkbox"/>	Wetlands	<input type="checkbox"/>	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: <b>Storm drain directly discharging to the Ashuelot River.</b>											
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: 1. For multiple discharges, number the discharges sequentially. 2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.											
d) Provide the state water quality classification of the receiving water <u>Class B</u>											
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>48.6</u> cfs Please attach any calculation sheets used to support stream flow and dilution calculations.											
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, for which pollutant(s)? <b>Mercury, as are all rivers in NH due to atmospheric deposition.</b> Is there a TMDL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, for which pollutant(s)?											

**6. Results of Consultation with Federal Services:** Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has any consultation with the federal services been completed? <input type="checkbox"/> No <input type="checkbox"/> or is consultation underway? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):	
a "no jeopardy" opinion? <input type="checkbox"/> or written concurrence <input type="checkbox"/> on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?	
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

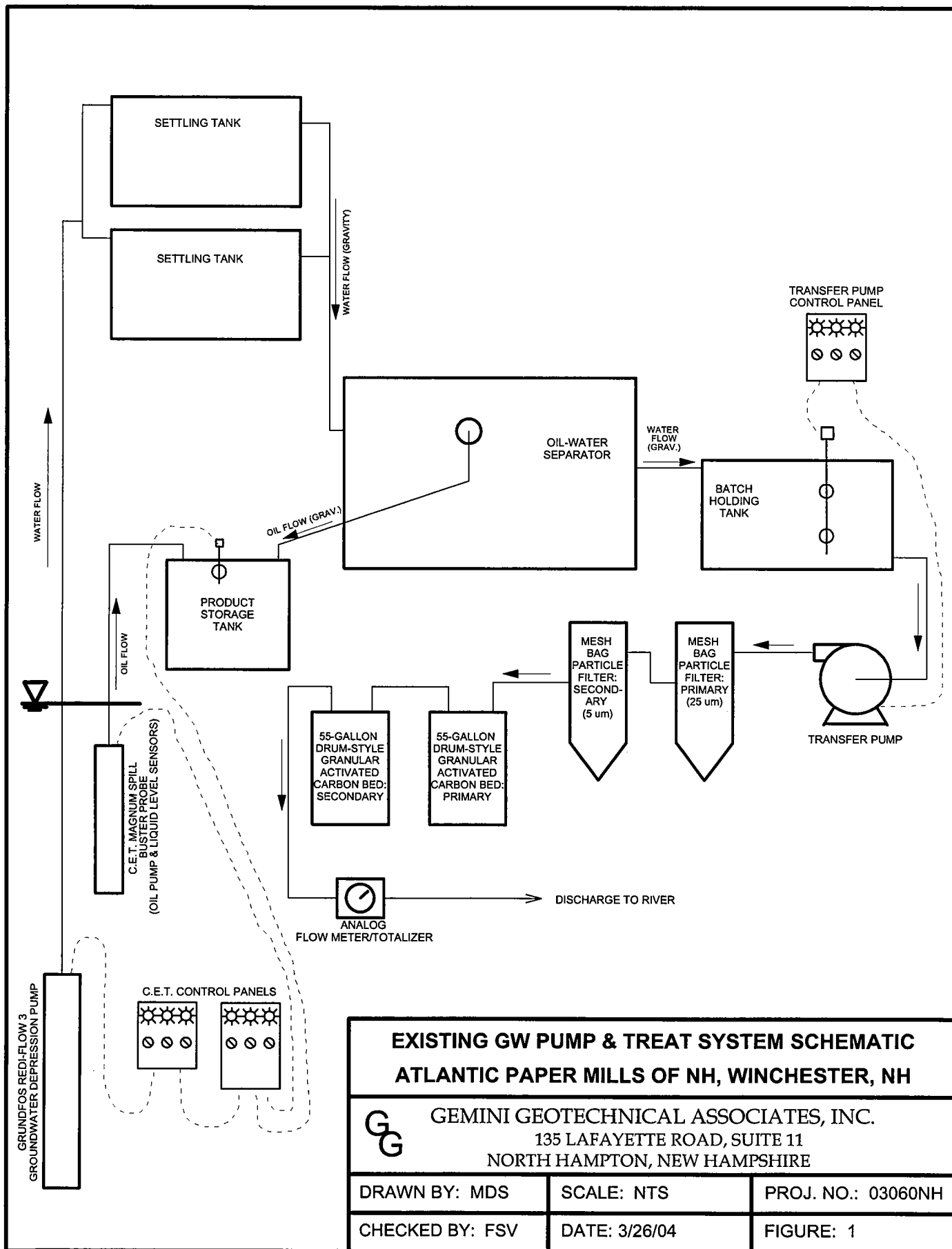
**7. Supplemental information. :**

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.
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**8. Signature Requirements:** The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Facility/Site Name:	ATLANTIC paper MILLS OF New Hampshire LLC
Operator signature:	Ben Cam
Title:	Mill Manager
Date:	9-28-05



**EXISTING GW PUMP & TREAT SYSTEM SCHEMATIC  
ATLANTIC PAPER MILLS OF NH, WINCHESTER, NH**



GEMINI GEOTECHNICAL ASSOCIATES, INC.  
135 LAFAYETTE ROAD, SUITE 11  
NORTH HAMPTON, NEW HAMPSHIRE

DRAWN BY: MDS

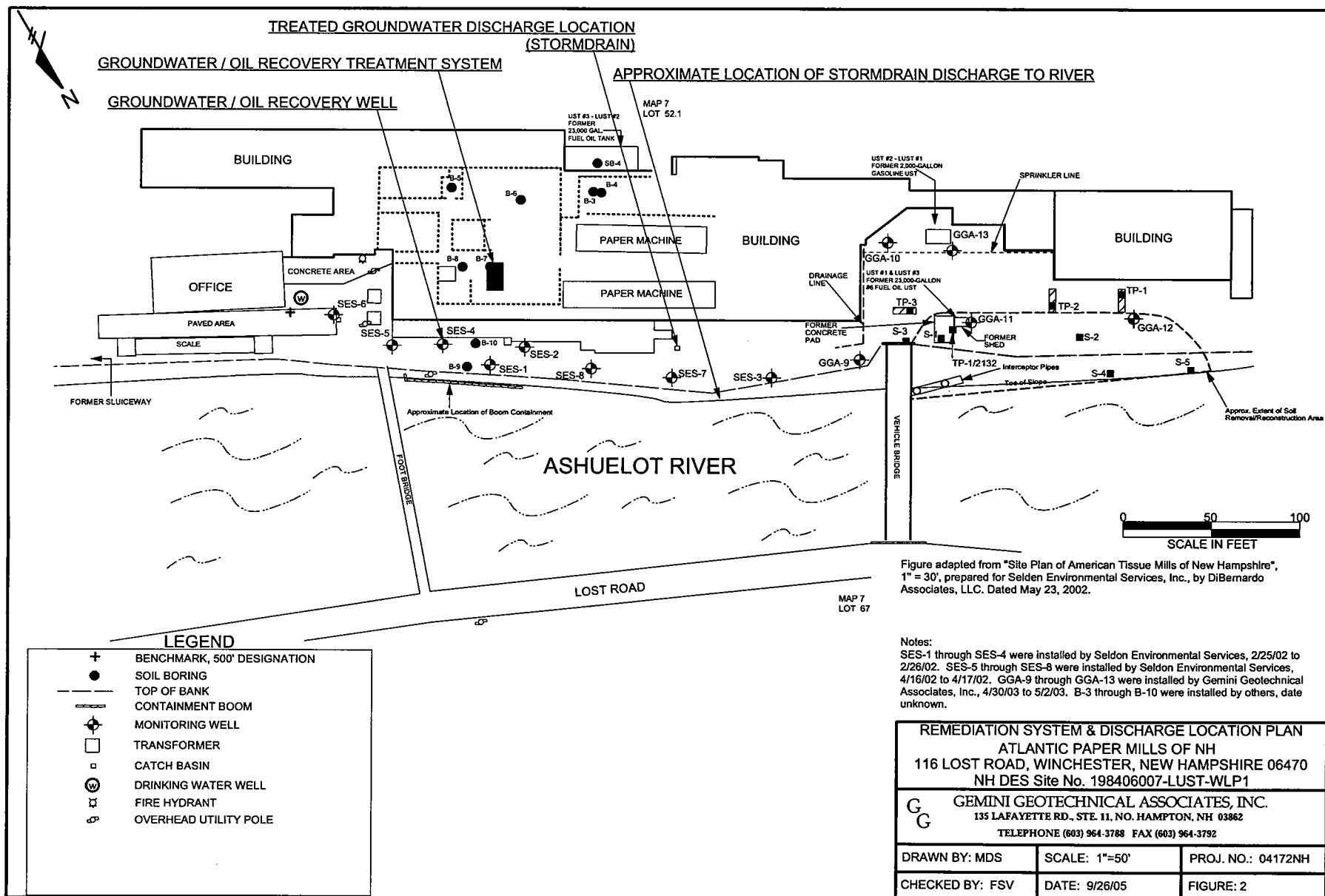
SCALE: NTS

PROJ. NO.: 03060NH

CHECKED BY: FSV

DATE: 3/26/04

FIGURE: 1





**GEMINI GEOTECHNICAL ASSOCIATES, INC.**

September 23, 2005  
GGA Proj. No. 04172NH

*Geotechnical and Environmental Engineers and Consultants*

U.S. Fish and Wildlife Service  
70 Commercial Street, Suite 300  
Concord, NH 03301-5087  
ATTN: Mr. Michael Amaral, Chief, Endangered Species Section

Via Fax: (603) 223-0104

RE: Notice of Intent to discharge treated groundwater to the Ashuelot River  
Atlantic Paper Mills of NH, 116 Lost Road, Winchester, NH

Dear Mr. Amaral:

On behalf of Atlantic Paper Mills of New Hampshire, LLC, I am preparing the Notice of Intent (NOI) for a Remediation General Permit under the US EPA NPDES program for their facility in Winchester, New Hampshire, along the Ashuelot River. The Permit pertains to the discharge of treated groundwater recovered as part of a fuel oil release remediation. As part of the NOI, the following question must be answered: "Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge?". The discharge is located at the facility on Lost Road, on the south bank of the Ashuelot River, at Longitude 42°47'25.2"N and latitude 072°27'29.6"W, and approximately 0.4 miles upstream of the Winchester / Hinsdale town line. I am seeking either "a 'no jeopardy' opinion or written concurrence on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat".

Please contact the undersigned if you have any questions or require additional information. Thank you for your assistance.

Sincerely,  
GEMINI GEOTECHNICAL ASSOCIATES, INC.

Michael D. Summerlin, Jr., P.E.  
Project Manager  
Senior Environmental Engineer